



Partners

Accident Investigation Report

Employee Name _____ Date of Injury _____

Employee Address _____ City _____ OK Zip _____

Home Phone _____ Social Security No. _____ - _____ - _____

Date of Birth ____ / ____ / ____ Sex _____ Date of Hire _____

Weekly Wage _____ Occupation _____

Time of Injury _____ am/pm Date Employer Notified ____ / ____ / ____

Time Work Day Began _____ am/pm Last Day Employee Worked ____ / ____ / ____

Did Employee Return to Work? Yes No Did Employee Die? Yes No

Place of Injury _____ OK County _____

Single Injury _____ or Cumulative Trauma _____

Identify Parts of the Body Involved _____

Nature of Injury _____

Describe Activities when Injury Occurred _____

Witnesses to Injury _____

Contributing Factors (weather, faulty equipment, poor lighting)

